PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/565,328			ing Date 20/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY										OTHER THAN SMALL ENTITY	
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A	ı	N/A		ı	N/A	.,,
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A	l	N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	l	N/A		ı	N/A	
TO'	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$29 addition 35 U.	ts of pape 50 (\$125 ional 50 s S.C. 41(ngs exceed 100 on size fee due) for each on thereof. See ' CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							TOTAL				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								ı	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	10/11/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	· 25	Minus	+ 25	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	*	Minus		-		x \$ =		OR	x s =	
Σ	Independent (37 CFR 1,16(h))		Minus	***	-		x \$ =		OR	x s =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]			ı		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR .	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highest Mumber Previously Paid For IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "4". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "4". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "4". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "4". If the "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "4". If th											

has collection of information is equated by 37 CFR. 1,16. The information is required to obtain or retain is based fby the public which is to lies (and by the USFTO to process) an application. Confidentiality is overeard by 80 LSC. 122 and 37 CFR. 1,4. This collection is estimated to be the 12 convented to complete application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the CERF (information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, D.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrius, VA 22313-1450.